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TO:	FROM: <i>CW</i> <i>W</i>
Examiner M. Torres	Cindy H. Kwacala, Reg. No. 47,667
COMPANY:	DATE:
USPTO	THURSDAY, FEBRUARY 03, 2005
703.872.9306	TOTAL NO. OF PAGES INCLUDING COVER:
	3
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
703.308.4357	H0002526 (A66) US-1622
RE:	RECIPIENT'S REFERENCE NUMBER:
Notice of Appeal	10/050,061

URGENT

FOR REVIEW

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NOTES/COMMENTS:

**FORMAL COMMUNICATION INTENDED FOR
ENTRY**

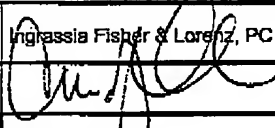
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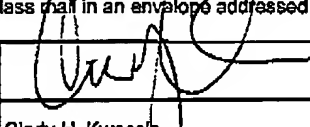
PTO/SB/21 (09-04)

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/050,061
	Filing Date	January 15, 2002
	First Named Inventor	Toren S. DAVIS
	Art Unit	3683
	Examiner Name	M. Torres
	Attorney Docket Number	H0002526 (A66) US-1622
Total Number of Pages in This Submission		2

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD <div style="border: 1px solid black; padding: 2px;">Remarks</div>	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Ingrassia Fisher & Lorenz, PC	
Signature		
Printed name	Cindy H. Kwacala	
Date	2/3/05	Reg. No. 47,667

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature		
Typed or printed name	Cindy H. Kwacala	Date 2/3/05

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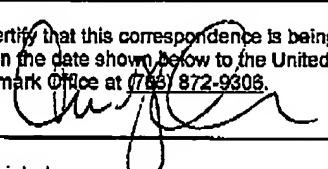
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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) H0002526 (A66) US-1622	
I hereby certify that this correspondence is being transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (768) 872-9303.		In re Application of Toren S. DAVIS	
Signature 		Application Number 10/050,061	Filed January 15, 2002
Typed or printed Name <u>Cindy H. Kwacala</u>		For <u>TUNED MASS DAMPER USING A HEXAPOD</u>	
		Group Art Unit 3683	Examiner M. Torres

Applicant hereby **appeals** to the Board of Patent Appeals and Interferences from the last decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 1.17(b)) \$ 500.00

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Commissioner has already been authorized to charge any fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.

☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 50-2091. I have enclosed a duplicate copy of this sheet.

☐ A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

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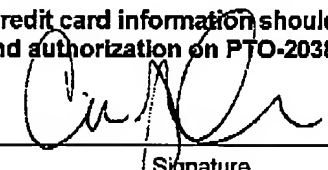
I am the

☐ applicant/inventor.

☐ assignee of record of the entire interest.
See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

☒ attorney or agent of record.
Registration number 47,667

☐ attorney or agent acting under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) _____


Signature

Cindy H. Kwacala
Printed Name

(480) 385-5060
Telephone Number

2/3/05
Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

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